



INSTALLATION DIVISION
COMPLETION REPORT

Windows and Doors

Jason
Pella Mid-Atlantic, Inc.
12100 Baltimore Avenue, Suite 1
Beltsville, MD 20705
301-957-7070
877-59-PELLA
Installationdepartment@pellamidatlantic.com
MHIC136537
VA 2705170176

Customer Name: (b) (6)
Address: (b) (6)
Phone Day: (b) (6)
Night: (b) (6)
Cell: (b) (6)

Installation Date: 4/26/20
Order#: 7173DX3NC
Crew: Dream 1
Delivery: ☐
Install Pick-up: ☒
Custom Stain or Paint: ☐

☒ C.O.D. Payment Scheme (b) (6) → Customer called to office
Delivery Payment (b) (6) If paying by check – text picture and customer name to (301) 957-0500
Completion Payment (b) (6) If paying by card – call into (301) 957-7008
(Visa, Master Card, Discover & American Express)

HOLD

☐ Finance: Please sign below to authorize that financing can be ran:

Customer X

Material, 1 @ coil
6 @ caulks

check with sales man

Complete the following after walk through with crew leader.

List Any Deficiencies: *service crew need capping 3 windows in front,

Item#	Specific Problem
35	need to order 1 more windows
40	→ window small width need to order 1 window size 12X 6 1/2
60	need same profile oak molding as existing 3 @ 4' colonial stops, 1 @ 6' small crown * see pictures * (Trim not installed)

Customer Comments:

Customer Signature:

Date: X

Crew Leader Signature:

Date: 4/26/2021



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Customer Name:

Address:

Phone Day:

Night:

Cell:

Installation Date: 8/9/21

Order#: 7173DX3NC

Crew: AI

Delivery:

Install Pick-up:

Custom Stain or Paint:

7 - 9 AM Arrival

☒ C.O.D. Payment Schedule:

Delivery Payment (due before installation):

Completion Payment:

If paying by check – text picture & customer name to payments@pellamidatlantic.com

If paying by card – call into (301) 957-7008

(Visa, Master Card, Discover & American Express)

☐ Finance: Please sign below to authorize that financing can be ran:

Customer _____

Complete the following after walk through with crew leader.

List Any Deficiencies:

Item#	Specific Problem
	Incomplete
	Re-order 4 new windows
	also need 3 feet piece of oak sills

Customer Comments: _____

Customer Signature:

Crew Leader Signature:

Date: 8-9-21

Date: 8-9-21

Customer:

Address:

Daytime #:

Evening #:

Cell #:

Email:

TOTAL PAYMENT DUE:

Paid In Full

See Attached Statement

Material Sheet Attached:

Buyout Items Required:

Yes

Paint Required:

Color:

No

MATERIALS REQUIRED TO COMPLETE:

ITEMS REQUIRED TO COMPLETE OR LABOR ONLY

PQM Item #:				PQM Item #: 45 and 60			
Part/Unit Needed:				Part/Unit Needed: Gasket on sash. Needs to be white			
Product Serial #:				Product Serial #:			
Brand/ Product:		Frame/VG Size (circle one):		Brand/ Product:	350	Frame / VG Size (circle one):	
Root Cause:				Root Cause: It's black Pella			
PQM Item #:				PQM Item #:			
Part/Unit Needed:				Part/Unit Needed:			
Product Serial #:				Product Serial #:			
Brand/ Product:		Frame / VG Size (circle one):		Brand/ Product:		Frame / VG Size (circle one):	
Root Cause: Crew not capped. Trim ordered wrong				Root Cause: Sales on mb window and ov mis measure			

Check: Unit Installed ☒ Returned to Warehouse ☐ Not installed 2 windows

LABOR INSTRUCTIONS

- 1.) Wet sand marks and scratches off multiple windows. Customer to have blue tape on units.
Cap front living room window
- 2.) Replace gasket on center front window and master bath.
Trim master bath with oak trim. Match what's in master bed. (Some trim is left on site)
- 3.) Install 1 window in master bed #35 and 1 window in living room #40(inpocket)6-30
- 4.) Install 1 window in living room(on site)

List any deficiencies required to complete installation below:

- 1.)
- 2.)
- 3.)

INSTALLER'S SIGNATURE:

DATE:

must be signed & dated

HOMEOWNER'S SIGNATURE:

DATE:



Project Acceptance Form

Customer:
Install At:

(b) (6)
(b) (6)

Sub-Contracted Installation Company:

(b) (6) Dream Exteriors 1

Customer Event #: 16504392

Day phone:
Cell phone:
Email:

Order Number: 7173DX3NC
Installation Date: April 26, 2021
Install Duration: 1 DAY
Arrival Time: 08:00 am

Branch Name: Beltsville Office
Branch Address: 12100 Baltimore Ave
Beltsville, MD 20705
Branch Phone: 301-957-7000

Sales Consultant: Owens, Mr. Troy
Project Coordinator: Alexis, Jason
PC Phone:

Special Customer Requests or Product Notes:

03-Jun-2020 12:00 AM-Morning-Call and set up OV

Installer Payout:

PQM Line #	Description	Quantity	(b) (6)
10	RIWLSP20 - Lead Safe Removal Pfit Installation per opening	2	(b) (6)
10	RIW215 - Pocket Fit Installation - Single Unit	2	(b) (6)
15	RIW215 - Pocket Fit Installation - Single Unit	1	(b) (6)
15	RIWLSP20 - Lead Safe Removal Pfit Installation per opening	1	(b) (6)
20	RIW215 - Pocket Fit Installation - Single Unit	2	(b) (6)
20	RIWLSP20 - Lead Safe Removal Pfit Installation per opening	2	(b) (6)
25	RIW215 - Pocket Fit Installation - Single Unit	1	(b) (6)
25	RIWLSP20 - Lead Safe Removal Pfit Installation per opening	1	(b) (6)
30	RIWLSP20 - Lead Safe Removal Pfit Installation per opening	3	(b) (6)
30	RIW215 - Pocket Fit Installation - Single Unit	3	(b) (6)
35	RIW215 - Pocket Fit Installation - Single Unit	2	(b) (6)
35	RIWLSP20 - Lead Safe Removal Pfit Installation per opening	2	(b) (6)
40	RIWLSP20 - Lead Safe Removal Pfit Installation per opening	2	(b) (6)
40	RIW215 - Pocket Fit Installation - Single Unit	2	(b) (6)
45	RIWLSF10 - Lead Safe Removal Full Tear Out Installation per opening	1	(b) (6)
45	RIW215 - Pocket Fit Installation - Single Unit	1	(b) (6)
60	RIWLSF10 - Lead Safe Removal Full Tear Out Installation per opening	1	(b) (6)
60	RIW210 - Full Tear Out Installation - Single Unit	1	(b) (6)

Total Installer Payout:

Lead-Based Work:

X

Lead-Based Testing is required in accordance with EPA and applicable regulations. Test results will determine if Lead-Based Work Practices will or will not be required

Yi, Sung - Dream Exteriors 1 agrees to install the above referenced products for the amount specified above and to follow the specifications and terms listed above and abide by all the terms of the Subcontractor Agreement for Expert Installers. Sub-Contractor agrees that all persons on jobsite will follow industry best practice, use appropriate installation methodology, and have appropriate background checks.

Accepted by: NEWTONA -

Acceptance Date: 03/01/2021
03:25:18 pm



Ref # 12663586

Customer Initials

(b) (6)

ATTACHMENT 6: (EPA PRE-RENOVATION FORM)**Occupant Confirmation****Pamphlet Receipt**

☒ I have received a copy of the lead hazard information pamphlet informing me of the potential risk of the lead hazard exposure from renovation activity to be performed in my dwelling unit. I received this pamphlet before the work began.

(b) (6)

Printed Name of Owner-occupant

(b) (6)

6/2/2020

Signature of Owner-occupant

Signature Date

Renovator's Self Certification Option (for tenant-occupied dwellings only)

Instructions to Renovator: If the lead hazard information pamphlet was delivered but a tenant signature was not obtainable, you may check the appropriate box below.

☐ **Declined** – I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below at the date and time indicated and that the occupant declined to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit with the occupant.

☐ **Unavailable for signature** – I certify that I have made a good faith effort to deliver the lead hazard information pamphlet to the rental dwelling unit listed below and that the occupant was unavailable to sign the confirmation of receipt. I further certify that I have left a copy of the pamphlet at the unit by sliding it under the door or by (fill in how pamphlet was left).

Printed Name of Person Certifying Delivery

Attempted Delivery Date

Signature of Person Certifying Lead Pamphlet Delivery

Unit Address

Note Regarding Mailing Option — As an alternative to delivery in person, you may mail the lead hazard information pamphlet to the owner and/or tenant. Pamphlet must be mailed at least seven days before renovation. Mailing must be documented by a certificate of mailing from the post office.



Paint Test Kit Record Keeping

Windows and Doors

Inc.
12100 Baltimore Avenue
Beltsville, MD 20705
PH 301-957-7070
FAX 301-419-2301
877-24-PELLA

PROPERTY OWNER INFORMATION

NAME	(b) (6)	
ADDRESS		
CITY:		
E-MAIL		
		CONTACT #: ()

RENOVATOR INFORMATION

Fill out the following information that is available about the Renovation Site, Firm, and Certified Renovator

RENOVATION ADDRESS: same as above UNIT #: _____

CITY: _____ STATE: _____ ZIP: _____ CONTACT #: ()

CERTIFIED FIRM NAME: Estate Construction

ADDRESS: 12100 Baltimore Ave.

CITY: Beltsville STATE: MD ZIP: 20705 CONTACT # **(b) (6)**

E-MAIL: **(b) (6)**

CERTIFIED RENOVATORS NAME: **(b) (6)** DATE CERTIFIED: 5/1/20

TEST KIT INFORMATION

Use the following blanks to identify the test kit or test kits used in testing components

TEST KIT #1	MANUFACTURE: <u>ESCA TECH INC</u>	MANUFACTURE DATE: <u>06/05/20</u>
	MODEL: <u>D LEON</u>	SERIAL #: <u>20156</u>
	EXPIRATION DATE: <u>08/05/21</u>	
TEST KIT #2	MANUFACTURE: _____	MANUFACTURE DATE: ____/____/____
	MODEL: _____	SERIAL #: _____
	EXPIRATION DATE: ____/____/____	
TEST KIT #3	MANUFACTURE: _____	MANUFACTURE DATE: ____/____/____
	MODEL: _____	SERIAL #: _____
	EXPIRATION DATE: ____/____/____	



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OCCUPANT NAME: _____

RENOVATION SITE: _____

CITY: _____

(b) (6) (b) (6)

TEST LOCATION #: 15, 25

DATE OF TEST: 2/28/20 Lot: A or B

DESCRIPTION OF TEST LOCATION: _____

RESULT: IS LEAD PRESENT? (CHECK ONE) : ☐ NO LEAD DETECTED

☐ LOW LEAD

(LEAD PRESENT - BELOW US EPA REGULATED LEAD)

☒ POSITIVE FOR LEAD

TEST LOCATION #: _____

DATE OF TEST: _____ Lot: A or B

DESCRIPTION OF TEST LOCATION: all others presumed

RESULT: IS LEAD PRESENT? (CHECK ONE) : ☐ NO LEAD DETECTED

☐ LOW LEAD

(LEAD PRESENT - BELOW US EPA REGULATED LEAD)

☐ POSITIVE FOR LEAD

TEST LOCATION #: _____

DATE OF TEST: _____ Lot: A or B

DESCRIPTION OF TEST LOCATION: _____

RESULT: IS LEAD PRESENT? (CHECK ONE) : ☐ NO LEAD DETECTED

☐ LOW LEAD

(LEAD PRESENT - BELOW US EPA REGULATED LEAD)

☐ POSITIVE FOR LEAD

TEST LOCATION #: _____

DATE OF TEST: _____ Lot: A or B

DESCRIPTION OF TEST LOCATION: _____

RESULT: IS LEAD PRESENT? (CHECK ONE) : ☐ NO LEAD DETECTED

☐ LOW LEAD

(LEAD PRESENT - BELOW US EPA REGULATED LEAD)

☐ POSITIVE FOR LEAD

TEST LOCATION #: _____

DATE OF TEST: _____ Lot: A or B

DESCRIPTION OF TEST LOCATION: _____

RESULT: IS LEAD PRESENT? (CHECK ONE) : ☐ NO LEAD DETECTED

☐ LOW LEAD

(LEAD PRESENT - BELOW US EPA REGULATED LEAD)

☐ POSITIVE FOR LEAD

TEST LOCATION #: _____

DATE OF TEST: _____ Lot: A or B

DESCRIPTION OF TEST LOCATION: _____

RESULT: IS LEAD PRESENT? (CHECK ONE) : ☐ NO LEAD DETECTED

☐ LOW LEAD

(LEAD PRESENT - BELOW US EPA REGULATED LEAD)

☐ POSITIVE FOR LEAD